

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.  
**09/647899**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		2		
4		2		2		
5		2		2		
6		1		1		
7		1		1		
8		1		1		
9		1		3		
10		1		3		
11		1		3		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
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29		1		1		
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50						
TOTAL IND.	3		2			
TOTAL DEP.	12		10			
TOTAL CLAIMS	15		51			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS